Engineering & Capital Projects Department Administrative Support Mentoring Program

APPLICATION

Instructions: Please supply the following information to

Career Development Program 1250 Sixth Avenue Suite 150 San Diego, CA 92101 FAX: (619) 685 - 1342 or inter-office mail to MS 801C

Deadline: May 31, 2001

Selection Criteria: The FY2001 Mentoring program is limited to 30 participants. Eligible participants must

have a job classification (i.e., administrative aide II, associate manager analyst, information systems analyst II, clerical assistant II, park designer, payroll specialist II, word processing operator, public information officer, senior account clerk, senior planner, executive secretary, senior clerk typist, supervisory management analyst,

information systems analyst, and administrative support staff). Also, eligible participants must be full-time, permanent employees that have been rated satisfactory or above on their performance plans. Selection will be based upon (1) responses to the following questions on this application and (2) ensuring a cross section of participants, which optimizes a diverse mix of division, classification, and years of experience. The Director and Deputy Directors will approve the final list of participants. Please contact Susan Curtin, Career Development Manager at (619) 685-1346 or Karen Campos at

(619) 533-3082 with any selection criteria questions.

Name				
Division				
Work Phone		FAX		MS
Date of last per	formance evaluation		Overall Rati	ing
Job Classification (describe your work responsibilities):				
Total years of C	City service	Ye	ears of Depart	ment service
Current Superv	risor		Work Phone	

QUESTIONS

Instructions: Please type or print your responses in the space provided, or if using a computer, insert an 8.5" X 11" single page with your responses.		
1	What have you done to develop your career?	
_	what have you done to develop your career.	
2	What do you hope to get out of the program?	
3	What is your current career goal?	
4	Do you currently have a mentor?	

5	Are you interested in participating in a mentoring relationship?	
6	List specific classifications that you are interested in having mentor you?	
_A(GGREMENT	
I understand that if I am selected to participate in the Mentoring Program, I agree to attend and participate in the required monthly meetings and to develop a personal career development plan.		
	Signature of Applicant Date	